



1644  
JFW

| AMENDMENT TRANSMITTAL LETTER   |                                  |   |                             | Docket No.<br>CFBF-P03-002      |               |
|--|----------------------------------|---|-----------------------------|---------------------------------|---------------|
| Application No.<br>09/436076   |                                  | Filing Date<br>November 8, 1999                         |                             | Examiner<br>P. Gambel           |               |
|  |                                  |   |                             | Art Unit<br>1644                |               |
| Applicant(s): Johnson et al. /   |                                  |   |                             |                                 |               |
| Invention: METHODS FOR TREATING AND PREVENTING ATHEROSCLEROSIS WITH CHIMERIC MOLECULES   |                                  |   |                             |                                 |               |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |   |                             |                                 |               |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |   |                             |                                 |               |
| The fee has been calculated and is transmitted as shown below.   |                                  |   |                             |                                 |               |
| <b>CLAIMS AS AMENDED</b>   |                                  |   |                             |                                 |               |
|  | Claims Remaining After Amendment | Highest Number Previously Paid                          | Number Extra Claims Present | Rate                            |               |
| Total Claims   |                                  | - 20 =  |                             | x                               |               |
| Independent Claims   |                                  | - 3 =   |                             | x                               |               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |   |                             |                                 |               |
| Other fee (please specify): 2 month ext. of time   |                                  |   |                             |                                 | 430.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |   |                             |                                 | <b>430.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |   |                             |                                 |               |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |   |                             |                                 |               |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |                                  |   |                             |                                 |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |   |                             |                                 |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |   |                             |                                 |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u><br>as described below. A duplicate copy of this sheet is enclosed.   |                                  |   |                             |                                 |               |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |   |                             |                                 |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |   |                             |                                 |               |
| <u>William Gosz</u><br>William G. Gosz<br>Attorney Reg. No.: 27,787<br><br>ROPES & GRAY LLP<br>One International Place<br>Boston, Massachusetts 02110-2624<br>(617) 951-7617   |                                  |   |                             | Dated: <u>November 16, 2004</u> |               |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                  |   |                             |                                 |               |
| Dated: <u>11/16/04</u>   |                                  | Signature: <u>Patricia McKenney</u> (Patricia McKenney) |                             |                                 |               |